

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

OR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 -- 0 0 1

2. STATE:

MAINE

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE(S)

1/1/01

5. TYPE OF PLAN MATERIAL (CHECK ONE):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY _____ \$ _____
b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
ATT 2.6-A, SUPPLEMENT 6

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable): ATT 2.6-A,
SUPPLEMENT 6

10. SUBJECT OF AMENDMENT:

REPLACES SUPPLEMENT 6 TO ATTACHMENT 2.6A, STANDARDS FOR OPTIONAL STATE SUPPLEMENTARY PAYMENTS

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED

COMMISSIONER, DEPT. OF HUMAN SERVICES

SIGNATURE OF STATE AGENCY OFFICIAL:

Kevin W. Concannon

13. TYPED NAME:

Kevin W. Concannon

14. TITLE:

Commissioner, Maine Department of Human Services

15. DATE SUBMITTED:

February 5, 2001

16. RETURN TO:

Eugene Gessow
Director, Bureau of Medical Services
#11 State House Station
249 Western Ave.
Augusta, ME 04333-0011

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

February 12, 2001

18. DATE APPROVED:

April 26, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

Deane M. Maloney Jr.

21. TYPED NAME:

Ronald Preston

22. TITLE

Associate Regional Administrator,
DMSO

23. REMARKS

State: Maine

OFFICIAL

STANDARDS FOR OPTIONAL STATE SUPPLEMENTARY PAYMENTS - Y2001

Payment Category (Reasonable Classification) Couple	Administered By		Income Level		Net		Income Disregards Employed	
	Federal	State	1	Couple	1	Couple	1 Person	
	(2)		(3) Person		(4) Person		(5) Person	
(1) Living Alone		X	1,275.00	1,867.00	540.00	811.00	55.00	80.00
Living in Household of Another	X		917.66	1,330.32	361.33	542.66	55.00	80.00
Living in Foster Home	X		1,243.00	2,223.00	579.00	1,069.00	*	*
Living in Licensed Boarding Home (Flat rate)	X		1,579.00	2,857.00	747.00	1,386.00	*	*
Living in Med. Fac. or ICF would receive Supplement Payment if outside facility	X		1,275.00	N/A	540.00	N/A	55.00	*
Living in Med. Fac. or ICF would not receive Supp Pay if outside facility	X		1,590.00	N/A	40.00	N/A	*	*
Living in Licensed Boarding Home (cost reimbursed)	X		1,583.00	2,919.00	749.00	1,417.00	*	*

*All groups received
SSI disregards

TN No. 01-001
Supersedes
TN No. 00-003

Approval Date: 4/26/01

Effective Date: 1/1/2001

HCFA ID: 7985E